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CONFIRMATION NO. 9014

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
07/052,111	04/24/1987	244	3643	61579/20-196

APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 06/443,300 09/28/1982 ABN

** FOREIGN APPLICATIONS *****

UNITED KINGDOM 8129316 09/29/1981

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Verified and	/TIMOTHY D COLLINS/ _____ Examiner's Signature	Initials	EN	2	8	3
Acknowledged						

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TITLE

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